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## **YOUTH SERVICES**

### **Staff / Contract Provider Confirmation of Receipt for:**

#### **YS Policy No. A.2.48 "DRIVER SAFETY PROGRAM"**

This is to acknowledge that I have received and understand the information in YS Policy A.2.48 "Driver Safety Program", which is to increase the safety of YS employees and contract providers, control the use of vehicles used in the performance of state-related business, reduce the state's liability exposure, reduce loss expenses, achieve accountability, and meet the requirements of La. R.S. 39:1543 (1)(f) by establishing and maintaining an effective Driver Safety Program.

I understand that I am responsible for familiarizing myself with its contents.

I further acknowledge that if I have any questions or need assistance I will seek guidance from my supervisor.

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Employee/Contract Provider Signature

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Date

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Employee/Contract Provider Name (printed and legible)

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Date

C: DPS HR Personnel File

July 1, 2012